



Transfer of Permit to a New Owner/Operator for Individual National Pollutant Discharge Elimination System (NPDES) or State Waste Discharge Permits

This form, when completed and signed by both parties, and approved by the Department of Ecology, automatically transfers the permit as specified in the table below, in accordance with WAC 173-216-120 and WAC 173-220-200. By signing this form, the new owner/operator agrees to assume all responsibility, coverage, and liability of the permit, as of the effective date of the sale or lease. The permit transfer for any facility shall not be valid if there is or will be any significant change from the existing permit in facility operations, discharge volume, or discharge characteristics, as determined by the Department of Ecology. If such changes are or will be present, the new owner/operator shall immediately notify the Department of Ecology at an address listed below. If you have any questions, please contact your regional Permit Coordinator at the phone number listed at the bottom of this form.

Reason for transfer (check one):	<input checked="" type="checkbox"/> SALE	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> LEASE	Describe:	
Permit number to be transferred:	ST0007316		
Facility name:	Artisan Finishing Systems		
Street/PO Box:	14219 Smokey Point Blvd #6		
City/State/Zip:	Marysville, WA 98271		
Effective date of sale/ lease/transfer:	March 8, 2021		
	Old	New	
Company name:	Artisan Finishing Systems, Inc	BCK Holdings, LLC	
Uniform Business Code (UBI):	601261926	604677919	
Facility name (if different):		Artisan Finishing Systems	
Mailing address: Street/PO Box:	14219 Smokey Point Blvd #6	14219 Smokey Point Blvd #6	
City/State/Zip:	Marysville, WA 98271	Marysville, WA 98271	
Contact person:	Wally Thomas	Barbara Brown	
Phone number:	425 737-8431	360-658-0686	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Owner/President/Operator/Mgr: (print name)	Wally Thomas	
Owner/President/Operator/Mgr: (signature)		Tyler M. Brown
Date signed:	12/29/2021	12-29-21

Please complete this form and send it to: Washington State Department of Ecology, Permit Coordinator, (at the appropriate regional office address):

Central Regional Office 1250 West Alder Street Union Gap, WA 98903 (509) 575-2490 Fax (509) 575-2809	Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400 Fax (509) 329-3529	Nuclear Waste Program 3100 Port of Benton Blvd Richland, WA 99354 (509) 372-7897 Fax (509) 372-7971	Northwest Regional Office 3190 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000 Fax (425) 649-7098	Southwest Regional Office P.O. Box 47775 Olympia, WA 98504-7775 (360) 407-6300 Fax (360) 407-6305
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(206) 594-0000

If you need this publication in an alternate format, please contact us at 360-407-6404 or TTY (for the speech and hearing impaired) at 711 or 1-800-833-6388.